



Attachment 7
Massachusetts Department of Food and Agriculture
Bureau of Animal Health

NOTICE OF POSSIBLE EXPOSURE TO RABIES AND QUARANTINE ORDER

Your pet may have been exposed to rabies as a result of recent exposure to wildlife or a high-risk domestic animal.

Your animal is being quarantined due to (check appropriate exposure category):

- 1) _____ Direct contact with a confirmed rabid animal (confirmed by the State Rabies Lab)
- 2) _____ Direct contact with a suspect rabid animal (raccoon, skunk, woodchuck or any carnivorous animal)
- 3) _____ A wound of unknown origin, suspected to be caused by another animal (e.g. cat abscesses)
- 4) _____ A proximity exposure to a confirmed rabid animal (confirmed by the State Rabies Lab)

If your animal is unvaccinated, you are urged to have it euthanized (unless animal was only exposed by proximity).
If you do not, you are hereby ordered to (check appropriate measure):

- _____ Isolate your pet for 3 months, followed by 3 months of strict confinement.
Vaccinate the animal 1 month prior to release.
- _____ Strictly confine your pet for 6 months. Vaccinate the animal 1 month prior to release.

If your animal is currently vaccinated, you are hereby ordered to:

- _____ Vaccinate your pet immediately followed by 45 days strict confinement.

You are to inform your veterinarian immediately of any unusual behavior or change in the health status of this animal. Any animal which dies while under quarantine should be submitted for rabies testing.

_____ Animal was euthanized Date of exposure: _____

Name of owner: _____ Phone number: (____) _____

Address: _____ Town: _____ Zip: _____

Type of animal: [Dog ____] [Cat ____] [Other ____ (specify)] _____ Age: _____

Name of animal: _____ Sex: _____ Colors: _____

Date of last rabies vaccination: _____ Duration: [1yr ____] [3yr ____] [unknown ____]

Date of booster vaccination (previous current vaccinates only): _____

Name of veterinarian: _____ Phone number: (____) _____

Name of Animal Inspector: _____ Phone number: (____) _____

Signature of Animal Inspector (required)

Date

See back side of this form for explanation of terms and signs of rabies.

I hereby certify that I have read both sides of this document and I agree to follow the provisions described in it.

Signature of owner or other person responsible
Owner's Copy --

Refused to sign, but order was issued
Animal Inspector please initial if not signed

This order is enforceable under Chapter 129; section 21, 330 CMR 10.00.